OFFICER UNIFORM ALLOWANCE CERTIFICATION		DATE (Year, Month, Day)
PRIVACY ACT STATEMENT  AUTHORITY: 37 U.S.C. 101, et seq.; EO 9397, November 1943.  PRINCIPAL PURPOSE: To initiate and certify payment of initial or active duty uniform allowances to officer personnel in the Air Reserve Forces (ARF).  ROUTINE USES: None.  DISCLOSURE: Disclosure of the social security number (SSN) is voluntary. However, the SSN is used for positive identification and, if the required information is not furnished, this form will not be processed.		
1. MEMBER'S NAME (Last, First, Middle Initial)	2. GRADE	3. AFSN
		3a. SSN
4. HOME ADDRESS (Street, City, State, Zip Code)	5. DUTY ORGANIZATION (Squadron and Base)	6. ALLOWANCE CLAIMED  INITIAL  ACT:VE DUTY
I certify that claim listed below is accurate (in accordance wearing of the uniform was required; and that entitlemen	•	<del>-</del>
7. NAME AND GRADE OF CERTIFYING OFFICER (Typed)	8. SIGNATURE	
9. CERTIFICATION BY MEMBER (Complete Applicable Certification)  a. INITIAL		
<ol> <li>I was ordered to and/or performed active duty in excess of 90 days after 31 Dec 1952 in compliance with paragraph</li></ol>		
SIGNATURE  b. ACTIVE DUTY		
I certify that I was ordered to or performed active duty or paragraph	active duty for training in enter, uniform; that I have not rein excess of \$200.00 during the two-year period before training for more than 90 reserve component of the properties of the active duty uniform a	Hq, dated ceived or become entitled to receive g my current tour of active duty or my reporting for my current tour of days' duration, or for a period for Air Force, or the Air Force without
AIRMI GUE		